

Application Data Sheet

Application Information

Application number::

Filing Date:: 01/13/2006

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: TREATMENT OF ANEMIA

Attorney Docket Number:: 50304/009003

Request of Early Publication?: No

Request of Non-Publication?: No

Suggested Drawing Figure:: 5

Total Drawing Sheets:: 5

Small Entity?: Yes

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Anne

Middle Name::

Family Name:: ANGELILLO-SCHERRER

Name Suffix::

City of Residence:: Vézenaz

State or Province of Residence::

Country of Residence:: Switzerland

Street of mailing address:: 7, Chaussée des Champs-de-Chaux

City of mailing address:: Vézenaz

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: 1222

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: CARMELIET
Name Suffix::
City of Residence:: Oud-Heverlee
State or Province of Residence::
Country of Residence:: Belgium
Street of mailing address:: Sapellenbos 10
City of mailing address:: Oud-Heverlee
State or Province of mailing address::
Country of mailing address:: Belgium
Postal or Zip Code of mailing address:: B-3052

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status:: Full Capacity
Given Name:: Désiré
Middle Name::
Family Name:: COLLEN
Name Suffix::
City of Residence:: Winksele
State or Province of Residence::
Country of Residence:: Belgium
Street of mailing address:: Schoonzichtlaan 20
City of mailing address:: Winksele
State or Province of mailing address::

Country of mailing address:: Belgium

Postal or Zip Code of mailing address:: B-3020

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
---------------	-------------------	----------------------	----------------------

This Application	National stage of	PCT/BE2004/000105	July 19, 2004
------------------	-------------------	-------------------	---------------

This Application	An application claiming the benefit under 35 USC 119(e)	60/487,905	July 17, 2003
------------------	---	------------	---------------

This Application	An application claiming the benefit under 35 USC 119(e)	60/547,842	February 26, 2004
------------------	---	------------	-------------------

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
-----------	----------------------	---------------	--------------------

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State of Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::